Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS

FACILITY:

NAME: US Department of Interior Bureau of Reclamation

ADDRESS: 826 E FRONT STREET, SUITE A

PORT ANGELES, WA. 98362-3613

ELWHA WATER TREATMENT PLANT

LOCATION: Elwha River/ Lat: 48°10'10"N./Long:123°33'7"W ATTN:

DAVID F ADKINS, USBR CIVIL ENG

WA-0026662 PERMIT NUMBER

"001 A DISCHARGE NUMBER

From	MONITORING PERIOD												
	Year	Mo	Day	-	Year	Мо	Day						
	2015	6	1	10	2015	6	30						

Minor (SUBR SW) F-Final Sliurry Discharge Effluent Sedimentation Plant (non-wastewater)

JUL 1 3 2015

U.S. Elix hEGION 10

*** NO DISCHARGE THIS MONTH***

PARAMETER		QUANT	TTY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE	
		Average Monthly	Maximum Daily	UNITS	Minimum	Average Monthly	Maximum Daily	UNITS	NO. EX	ANALYSIS	TYPE	
Water Temperature Effluent 00010 1 0 0	Sample Measurement	*****	*****		*****	NR	NR	Deg. C	0	Daily	Grab	
	Permit Requirement		*****		*****	Report	Report	Dog. o	****	5/Week	Grab	
Water Temperature	Sample Measurement	*****	*****		*****	NR	NR	Deg. C	0	Daily	Grab	
Influent 00010 7 0 0	Permit Requirement	*****	*****		*****	Report	Report	Dog. o	******	5/Week	Grab	
Flow Rate Effluent 00056 1 0 0	Sample Measurement	NR	NR		*****	*****	****		0	Continous	Recordi	
	Permit Requirement	Report	Report	CFS	******				*****	Continous	Recordi	
Flow Rate Influent 00056 7 0 0	Sample Measurement	NR	NR		*****	*****	*****		0	Continous	Recordi	
	Permit Requirement	Report	Report	CFS	*****	er or 	*****		*****	Continous	Recordi	
Turbidity	Sample Measurement	*****	*****		*****	NR	NR	NTU	0	Continuous	recordir	
Influent 00070 7 0 0	Permit Requirement	******	*****		*****	Report	Report	NIO	*****	Continous	Recordi	
Total Suspended Solids Daily Average Influent Turbidity > 50 NTU	Sample Measurement	NR	NR	Lb/Day	*****	NR	NR	mg/L	0	Daily	24-Hr Compos	
Influent 00150 P 0 0 See Comments Below	Permit Requirement	Report	See I.B.3 & I.B.4	Lurbay	*****	Report Report		Ingre	*****	Daily	24-Hr Compos	
Dissolved Oxygen	Sample Measurement	*****	*****		*****	NR	NR	mg/L	0	Daily	Grab	
Influent 00300 7 0 0	Permit Requirement	*****	MANNE		*****	Report	Report	mg/L	*****	1/Month	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		alty of law that this document and all attachments were prepared under my direction accordance with a system designed to assure that qualified personnel properly gath						TELE	PHONE	D	ATE	
Mike Greene, Veolia EWF Project Manage	and evaluate the i	mornation submitted. Based on n	ty inquiry of the person or person	ons who manage				503	582-96	55 2015	7	
TYPED OR PRINTED Mike Greene	submitted is, to the	flose persons directly responsible for gathering the information, the information he best of my knowledge and belief, true, accurate, and complete. I am aware that ant penalties for submitting fulse information, including the possibility of fine soil imprisonment for knowing violations.					Area Code	Numb	er Year I	Mo D		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 0 = Daily Avg. Influent From River Turbidity >50 NTU: P = Daily Avg. From River Turbudity <50

The Elwha Water Treatment facility was not in full operation the entire month. There were minimal operations required for maintenance. There were no slurry discharges to the permitted outfall.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Page 1 of 4

WA-0026662 PERMIT NUMBER

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PERMITTEE NAME/ADDRESS

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ADDRESS: 826 E FRONT STREET, SUITE A

PORT ANGELES, WA. 98362-3613 ELWHA WATER TREATMENT PLANT

LOCATION: Elwha River/ Lat: 48°10'10"N./Long:123°33'7"W

DAVID F ADKINS, USBR CIVIL ENG ATTN:

MONITORING PERIOD

From Year Mo Day Year Mo Day To 2015 1 2015 6 30

*** NO DISCHARGE THIS MONTH***

Sedimentation Plant

(non-wastewater)

PARAMETER		QUANT	ITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FIVE GIOENOT OF		AMPLE
		Average Monthly	Maximum Daily	UNITS	Minimum	Average Monthly	Maximum Daily	UNITS		ANALYSIS	1	TYPE
BOD, 5-Day	Sample Measurement	*****	*****		***	NR	NR		0	1/ Month	0	Comp
Effluent 00310 1 0 0	Permit Requirement	*****	*****		*****	Report	Report	mg/L	*****	1/ Month	100	24- Hr mposite
PH	Sample Measurement	*****	*****		*****	NR	NR	su	0	Daily		Grab
Effluent 00400 1 0 0	Permit Requirement	*****	******		*****	6.5 - 8.5	8.5		*****	5/Week		Grab
PH	Sample Measurement	*****	*****		*****	NR	NR	su	0	Daily		Grab
Influent 00400 7 0 0	Permit Requirement				*****	6.5 - 8.5	8.5		*****	5/Week		Grab
Total Alkalinity (As CAC03) Effluent 00410 1 0 0	Sample Measurement	*****	*****		*****	NR	NR	mg/L as	0	Daily	0	Comp
	Permit Requirement	*****	******		*****	Report	Report	CaCo ₃	*****	1/Month	24-Hr Co	
Total Solids Suspended Effluent 00530 0 0 0	Sample Measurement	NR	NR		****	NR	NR		0	Daily	24-Hr Comp	
Daily Average Influent Turbidity > 50 NTU See Comments Below	Permit Requirement	NR	NR	Lb/Day		Report	Report	mg/L	*****	Daily	-	24- Hr mposite
Total Suspended Solids Effluent 00530 P 0 0	Sample Measurement	NR	NR	#/CFS	*****	NR	NR	mg/L	0	Daily		Comp
Daily Average Influent Turbidity < 50 NTU See Comments Below	Permit Requirement	Report	22	River	*****	Report	Report	my.c	*****	Daily	119 119 15	24- Hr mpositi
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE		ity of law that this document and				11 11		TELE	PHONE		DATE	
Mike Greene, Veolia EWF Project Manage	and evaluate the ir the system, or th	cordance with a system designed aformation submitted. Based on a case persons directly responsible to best of my knowledge and belie	ry inquiry of the person or person for gathering the information, the	ons who manage se information	THE			503	582-965	5 2015	7	8
TYPED OR PRINTED Mike Greene	there are significa	he best of my knowledge and belief, true, accurate, and complete. I am aware that any penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			REA Code	NUMBE	R Year	Мо	Da

The Elwha Water Treatment facility was not in full operation the entire month. There were minimal operations required for maintenance. There were no slurry discharges to the permitted outfall.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

Page 2 of 4

MONITORING PERIOD

To

Form Approved

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS

FACILITY:

NAME: US Department of Interior Bureau of Reclamation

ADDRESS: 826 E FRONT STREET, SUITE A

discharges to the permitted outfall.

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PORT ANGELES, WA. 98362-3613 ELWHA WATER TREATMENT PLANT

LOCATION: Elwha River/ Lat: 48°10'10"N./Long:123°33'7"W

ATTN: DAVID F ADKINS, USBR CIVIL ENG

WA-0026662 PERMIT NUMBER

Mo Day

6

From

Year

2015

*001 A DISCHARGE NUMBER

Mo

6

Day

30

Year

2015

*** NO DISCHARGE THIS MONTH***

Sedimentation Plant (non-wastewater)

JUL 1 3 2015

PARAMETER		QUANT	ITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SA	MPLE	
		Average Monthly	Maximum Daily	UNITS	Minimum	Average Monthly	Maximum Daily	UNITS	NO. EX	ANALYSIS	T	YPE	
Total Suspended Solids Influent 00530 7 0 0	Sample Measurement	NR	NR	Lb/CFS	200020	NR	NR	mg/L	0	Daily		omp	
aily Average Influent Turbidity < 50 NTU See Comments Below	Permit Requirement	Report	Report	River	*****	Report	Report		*****	Daily	N. R. State of the last of the	4-Hr nposit	
Settleable Solids	Sample Measurement	*****	*****		*****	NR	NR	ml/L	0	1/Month	С	omp	
Effluent 00545 1 0 0	Permit Requirement		*****		*****	Report	Report	T III/L	*****	1/Month	57 STORY	4-Hr nposi	
Settleable Solids	Sample Measurement	*****	*****		*****	NR	NR	ml/L	0	1/Month	С	Comp	
Influent 00545 7 0 0	Permit Requirement	*****	•••••			Report	Report	nio L	Salekhit	1/Month	- W. COTO 37	4-Hr nposit	
Aluminum, Total (As AL) Effluent 01105 1 0 0	Sample Measurement	NR	NR	lb/Day	*****	NR	NR		0	1/Month	C	Comp	
	Permit Requirement	Report	Report		*****	Report	Report	mg/L	*****	1/Month	The Revenue	24-Hr Composite	
Aluminum, Total (As AL)	Sample Measurement	NR	NR	lb/Day	44444	NR	NR	mg/L	0	1/Month	С	Comp	
Influent 01105 7 0 0	Permit Requirement	Report	Report		*****	Report	Report	llig/L	*****	1/Month	9213	24-Hr Composit	
Fecal Coliform	Sample Measurement	*****	*****		*****	NR	NR		0	10/ Month	0	Grab	
Effluent 31625 1 0 0	Permit Requirement	******	*****		*****	Report	Report	#/100 ML	*****	10/ Month	0	Grab	
Fecal Collform	Sample Measurement	*****	*****		*****	NR	NR		0	10/ Month	0	Grab	
Influent 31625 7 0 0	Permit Requirement	******	*****		*****	Report	Report	#/100 ML	*****	10/ Month	0	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		ty of law that this document and cordance with a system designed				/ /	T	TELEP	HONE		DATE		
Mike Greene, Veolla EWF Project Manage	and evaluate the in the system, or th	nformation submitted. Based on n sose persons directly responsible	ty inquiry of the person or pers for gathering the information, t	ons who manage he information	THE	1/-		503	582-968	55 2015	7	1	
TYPED OR PRINTED Mike Greene		the best of my knowledge and belief, true, accurate, and complete. I am aware that and penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			REA Code	NUMBE	R Year	Мо	Da	

The Elwha Water Treatment facility was not in full operation the entire month. There were minimal operations required for maintenance. There were no slurry

Page 3 of 4

MONITORING PERIOD

To

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PERMI	TTEE	NA	ME/A	DDRES	Ş

NAME: US Department of Interior Bureau of Reclamation

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ATTN: DAVID F ADKINS, USBR CIVIL ENG

WA-0026662 PERMIT NUMBER

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6

Day

From

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Sedimentation Plant (non-wastewater)

JUL 1 3 2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF		SAMPLE
		Average Monthly	Maximum Daily	UNITS	Minimum	Average Monthly	Maximum Dai	ly UNITS	NO. EX	ANALYSIS	Т	YPE
Total Dissolved Solids	Sample Measurement	*****	*****		*****	NR	NR	mg/L	0	4/Month	С	omp
Effluent 70295 1 0 0	Permit Requirement	•••••	*****		*****	Report	Report	ing.L	*****	1/Month		4-Hr nposi
Total Dissolved Solids	Sample Measurement	*****	*****	()	*****	NR	NR	mg/L	0	4/Month	С	omp
Influent 70295 7 0 0	Permit Requirement	*****	*****		*****	Report	Report	mg/L	*****	1/Month	954	4-Hr nposi
								-			\vdash	
								+			+	
											-	24
				i.				-			+	
	-										+	
											+	
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER or supervision in ac	ity of law that this document and condance with a system designed aformation submitted. Based on a	to assure that qualified personn	el property gathe					PHONE		DATE	
Mike Greene, Veolia EWF Project Man	ager the system, or th	hose persons directly responsible be best of my knowledge and belis	for gathering the information, the	he information	Moto	The		503	582-968	55 2015	7	
TYPED OR PRINTED		ant penalties for submitting false i imprisonment for kn	mformation, including the possil		SIGNATURE	OF PRINCIPAL EXECUTI AUTHORIZED AGENT		AREA Code	NUMBE	R Year	Мо	D
Mike Greene							ar in the same					

The Elwha Water Treatment facility was not in full operation the entire month. There were minimal operations required for maintenance. There were no slurry discharges to the permitted outfall.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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July 9, 2015

US EPA Region 10 Director, Office of Compliance & Enforcement 1200 Sixth Avenue, OCE-133 Seattle, Washington 98101

RE: NPDES # WA-002666-2, MONTHLY REPORT – JUNE 2015- ELWHA WATER TREATMENT PLANT

Attn: PCS Data Entry Team

Enclosed the monthly Discharge Monitoring Report (DMR) for the Elwha Water Treatment Plant (Port Angeles, WA) for the month of June, 2015. The report is submitted by Veolia Water North America (VWNA) Operating Services on behalf of the US Department of Interior, Bureau of Reclamation. A copy of the report has been submitted to the Washington DOE.

The Elwha Water Treatment Facility was not in operation June 1 through June 30 due to low river turbidity levels. Some plant processes were exercised but there were no discharges to the Elwha River.

Please contact me if there are any questions or comments regarding the monthly report.

Sincerely,

Michael S Greene

EWF Veolia Project Manager

CC:

Tracy Gilchrist, NPS Sephora Harman, VNA

Enclosures:

DMR, EPA Form 3320-1 (4 pages)